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Swansea Bay University  
Health Board



Meeting Date	25 November 2021	Agenda Item	2.6
Report Title	Annual Presentation of Nurse Staffing Levels for wards covered under section 25B of the Nurse Staffing Levels (Wales) Act 2016		
Report Author	Helen Griffiths, Corporate Head of Nursing Catherine Morgan-Edwards, Corporate Matron		
Report Sponsor	Gareth Howells Interim Executive Director of Nursing and Patient Experience Christine Williams, Interim Deputy Director of Nursing and Patient Experience Debbie Eyitayo, Executive Director of Workforce & Organisational Development Samantha Lewis, Deputy Director of Finance Darren Griffiths, Director of Finance		
Presented by	Gareth Howells Interim Executive Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	<p>This mandatory presentation provides the Board with the nurse staffing level calculations on all acute medical &amp; surgical inpatient wards, under section 25B.</p> <p>The report also provides an overview of the actions taken to ensure appropriate staffing levels have been maintained during the reporting period of 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021</p>		
Key Issues	<ul style="list-style-type: none"> <li>Nurse Staffing Levels (Wales) Act 2016 re-calculation of establishment reviews of section 25B wards.</li> <li>Provide assurance that there remains ongoing monitoring in place with the Nurse staffing levels during the COVID-19 pandemic</li> </ul>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>AGREE</b> &amp; note the changes to the funded establishments, to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act, 2016.</li> <li><b>RECEIVE</b> the report as assurance that the statutory requirements relating to Section 25B wards have been</li> </ul>		

	<p>completed and that SBUHB is compliant within the requirements of 'the Act'.</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the ongoing reasonable steps outlined in the introduction to monitor &amp; as far as possible maintain the Nurse Staffing levels (Wales) Act, 2016 during the COVID-19 pandemic and the ongoing unprecedented pressures.</li> </ul>
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# **ANNUAL PRESENTATION OF NURSE STAFFING LEVELS FOR WARDS COVERED UNDER SECTION 25B OF THE NURSE STAFFING LEVELS (WALES) ACT 2016**

## **1. INTRODUCTION**

The Nurse Staffing Levels (Wales) Act 2016 referred to as 'the Act' became law on 21<sup>st</sup> March 2016 which included all acute adult medical and surgical wards and came into effect in April 2018.

On 1<sup>st</sup> October 2021, the extension of 'the Act' into paediatric inpatients areas came into force. Swansea Bay University Health Board (SBUHB) has demonstrated their compliance with the extension of 'the Act' through the scrutiny panels and Board paper which was presented to the Quality and Safety Committee (who hold delegated responsibility) on 28<sup>th</sup> September 2021 and subsequent submission to Board on 7<sup>th</sup> October 2021. [Link to document](#)

'The Act' requires health service bodies to make provision for appropriate nurse staffing levels. This report highlights the results of the most recent bi-annual nurse establishment reviews, throughout all acute medical & surgical inpatient wards (Section 25B) within SBUHB, from 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2021.

The bi-annual calculations were undertaken in January 2021 and June 2021 and subsequent scrutiny panels were held in April and September 2021.

An additional review of four acute adult medical and surgical wards within Singleton Hospital was carried out in June 2021, which is also detailed within this report.

The calculations and rationale of any changes to the nursing establishments are within the reporting template and further detail is attached as Appendix 1.

The paper provides ongoing assurances on the approach, mechanisms, ongoing monitoring and management of risks to nurse staffing levels during the past year which has been significantly impacted by the COVID-19 pandemic.

## **2. BACKGROUND**

The All Wales Nurse Staffing Group commissioned a piece of work to develop a timetable to ensure the statutory reporting requirements of 'the Act' are met by all Health Boards across NHS Wales in a consistent and timely manner. There are two key reporting requirements within the statutory guidance:

1. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards, acute medical and surgical inpatients wards.
2. The Board receives a (non-statutory) annual assurance report which will form the basis of the three-year statutory report to Welsh Government. The first three-year report was presented as a caveated report to Welsh Government on 5<sup>th</sup> May 2021 and the final report was submitted on 8<sup>th</sup> October 2021.

To support Board agenda, it has been agreed by Executive Nurse Directors that the annual presentation to Board of the calculated nurse staffing levels should take place

in November each year (to support Integrated Medium Term Plan development) and the annual assurance report should be presented to the Board in May of each year.

The process for re-calculating the nurse staffing levels is led by the Director of Nursing and Patient Experience, all levels of nursing are engaged in the process.

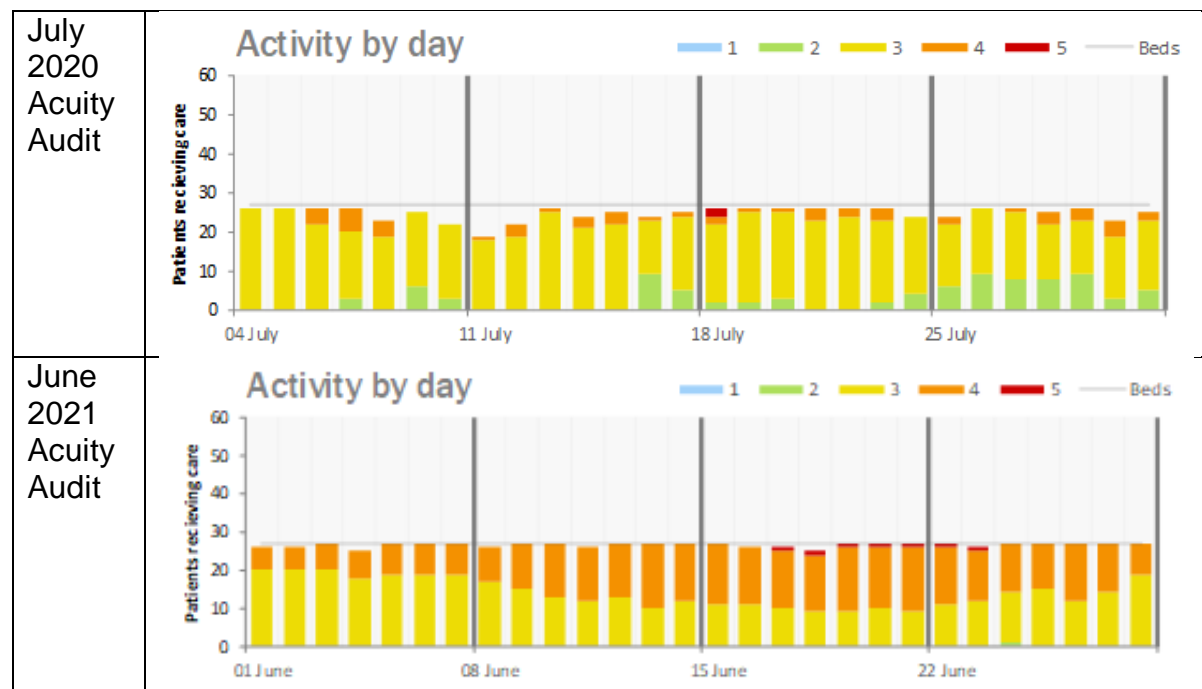
In line with 'the Act' the triangulated methodology has been used to calculate the nurse staffing levels.

The process has remained challenging this year, there have been extreme operational pressures due to COVID-19, the support of the operational teams through this process needs to be noted and commended.

The operational team's ability to articulate their areas and any changes have allowed the accurate calculations of the nurse staffing levels needed in each ward. The changes to nurse staffing levels have either been related to the COVID-19 pandemic or changes in patient pathways and the subsequent increase in the acuity of the patients cared for within that area.

For example, the acuity audits in July 2020 and June 2021 have demonstrated a significant increase in patient acuity due to changes to the spinal pathway through Ward A. Other areas have shown an increase in acuity due to COVID-19. The required triangulated methodology uses this patient acuity data along with professional judgement and quality indicators to re-calculate the nurse staffing levels for all Section 25B wards.

The diagrams below show a comparison of Ward A's data from July 2020 and June 2021. The increase in patient acuity is evident by the increase in Level 4 patients who require a significant amount of nursing time in order to meet their care needs.



The Welsh Levels of Care are summarised as:

<b>Level 5</b>	<b>One to one care</b> - the patient requires at least one-to-one continuous nursing supervision and observation for 24 hours a day.
<b>Level 4</b>	<b>Urgent care</b> - the patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.
<b>Level 3</b>	<b>Complex care</b> - the patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment.
<b>Level 2</b>	<b>Care pathways</b> - the patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
<b>Level 1</b>	<b>Routine care</b> - the patient has a clearly identified problem, with minimal other complicating factors.

During this time period, Ward A had an increase in nursing staff of 4.45 Registered Nurse (RN) WTE and 5.45 Health Care Support Worker (HCSW) WTE, which in real terms equates to an extra RN and HCSW across a 24-hour period, 7 days a week, on a long day shift and a night shift.

SBUHB has maintained clear governance surrounding how the nurse staffing levels are met.

There is engagement across the Health Board, allowing for seamless escalation of potential and actual risk. The monthly Health Board Nurse Staffing Act meeting is chaired by Assistant Director of Nursing and attended by all service groups, key corporate representatives, for example finance, and representatives from Health Education and Improvement Wales (HEIW).

Completed risk assessments are provided from each service group, discussed and used to formulate the overarching corporate risk assessment. The meeting is a supportive group which enables learning and development of strategies to manage the ongoing pressures faced by the Health Board mainly due to COVID-19 pandemic.

The Corporate Health Board risk score currently stands at 20.

## **IMPACT OF COVID-19 AND PRESSURES ON SECTION 25B WARDS**

Second Wave of COVID-19 brought with it added pressures as many services had re-started and the ability to move and re-deploy nursing staff decreased as the nursing workforce has returned to their substantive posts. Levels of staff sickness and COVID-19 related absence was very high, risk scores increased to 25 in the acute hospitals and across primary care with district nursing services who also provided support to our nursing homes.

Similarly, Allied Health Professionals, Student Nurse & Medical Students who provided care in repurposed roles during wave one of the COVID-19 pandemic no longer carried out these valuable roles and have returned to their previous positions.

The Health Board continues to monitor the changing situation and has a number of processes in place. During September 2021, nurse staffing pressures increased and a weekly workforce meeting was recommenced. This meeting is chaired by Interim Assistant Director of Nursing and all service groups attend, focussing on any key issues (hot spots) regarding Nurse Staffing levels across all service groups and support any immediate measures and solutions required. Risk assessments and changes are submitted and discussed at the forum, with immediate plans to mitigate risk, using all reasonable steps as detailed in Nurse Staffing Levels Statutory Guidance.

In addition to the weekly workforce meeting, service groups at the acute hospitals all undertake daily staffing huddles, to ensure all wards are able to care for patients in a sensitive and safe way.

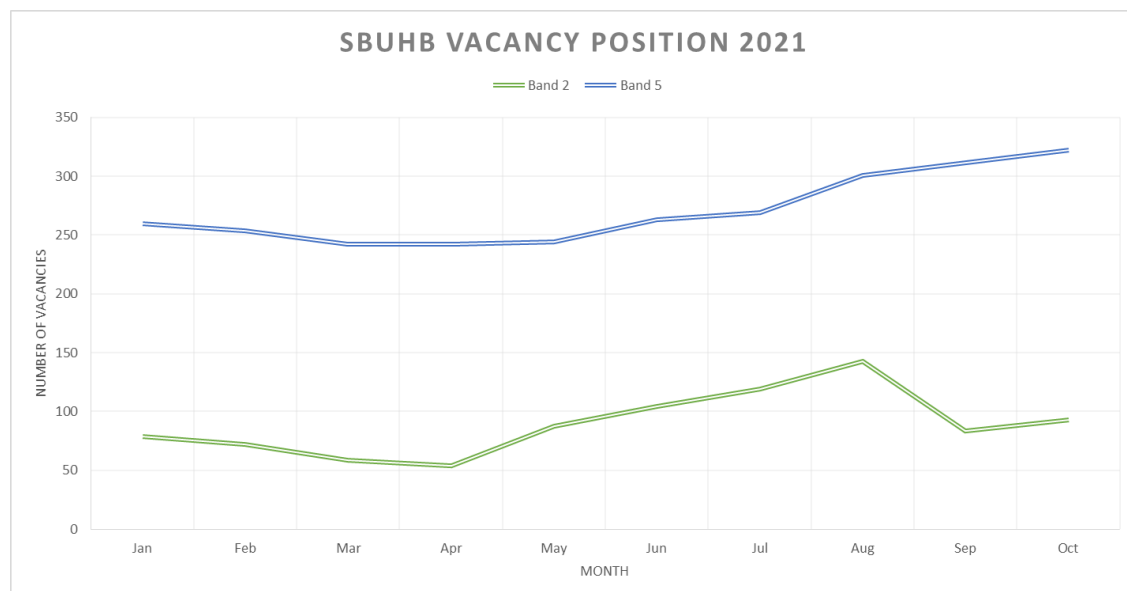
The Health Board is facing many challenges in how we maintain our nurse staffing levels, all reasonable steps are taken in order to provide the level of nursing staff needed to allow nurses to provide safe care.

COVID-19 continues to influence nurse staffing levels, in terms of sickness and staff requiring to shield. Many nursing staff, who were previously shielding, have returned to work or have been able to effectively work from home. There remains a smaller cohort of nursing staff who have not been able to continue their patient facing roles and this does impact on nurse staffing levels although to a lesser extent than previously.

### Vacancies

The nurse vacancy position for both registered nurses and HCSWs are risk assessed monitored and reported through nursing workforce meetings.

The graph below shows the vacancy position during 2021.



### Recruitment and Retention

SBUHB is setting up a recruitment team which consists of a Human Resources Advisor who will lead a team of one Band 4 and two Band 3 nurses to centralised recruitment. Aiming to streamline and simplify the recruitment process, with the additional benefit of freeing up nursing time.

Student streamlining continues to provide registrant nursing workforce through a centralised process. SBUHB have made improvements to the service provided to newly qualified staff by discussing their individual needs, which includes any support they might require as well as providing student placements in the areas in which they would like to work once qualified. We hope by increasing our engagement with our nursing students, SBUHB will recruit and retain their services.

This work is still in its infancy. In addition, the plan is to survey all recently qualified nurses to ask if SBUHB has met their needs, looking for good practice and identifying any areas where we can improve and learn. It is hoped this will gain a valuable insight into the process and how we can further support nurses at the start of their qualified career.

Retention of our workforce is another area being developed further, particularly the use of exit interviews, this will allow time for supportive reflection, opportunity to see if staff can be retained possibly in another nursing role and look for trends across all nursing staff leaving our Health Board. Encompassing our Health Board values; caring for each other, always improving and working together.

SBUHB has developed and implemented Band 4 posts to support the registrant workforce in areas where this is suitable.

Robust roster scrutiny continues across the Health Board; this supports the wards to utilise their substantive staff as effectively as possible. Allowing for forward planning and ability to use bank and agency in advance in line with the Health Board's Rostering Policy.

COVID-19 has continued to have a significant impact on all wards/departments, many wards have returned to their original purpose, however there remains red and green COVID pathways through many services, such as elective surgery and Emergency Department. In order to support the segregated pathways additional staff are often required, this has been in addition to previous rosters and related to COVID-19 pressures.

### Conclusion

The Health Board also has a duty under section 25A of the Act to provide sufficient nurses to allow nurses time to care for patients sensitively. Work had also been undertaken in relation to other specialist areas. This includes Community Services, Health Visiting, Neonatal, Mental Health & Learning Disabilities and Maternity Services.

The Board is asked to formally receive and note the information contained within the Nurse Staffing levels (Wales) 2016 Act Annual presentation which has been produced using the All Wales reporting template as outlined below.

Annual Presentation of Nurse Staffing Levels to the Board											
Health board	Swansea Bay University Health Board (SBUHB)										
Date of annual presentation of Nurse Staffing Levels to Board	25 <sup>th</sup> November 2021										
Period covered	1 <sup>st</sup> October 2020 to 30 <sup>th</sup> September 2021										
Number and identity of section 25B wards during the reporting period. <ul style="list-style-type: none"><li>Adult acute <u>medical</u> inpatient wards</li><li>Adult acute <u>surgical</u> inpatient wards</li></ul>	Appendix 1 of this report lists the nurse staffing levels for all wards that have been included under Section 25B of 'the Act' during the period 1 <sup>st</sup> October 2020 to 30 <sup>th</sup> September 2021. During this period, there were 28 wards within SBUHB which meet the inclusion criteria laid out in the statutory guidance and have therefore been subject to the requirements of Sections 25B/C of 'the Act.'										
	<table><tr><th></th><th>January 2020</th><th>June 2021</th></tr><tr><td>Number of adult acute <u>medical</u> inpatient wards Under section 25B</td><td>14</td><td>15</td></tr><tr><td>Number of adult acute <u>surgical</u> inpatient wards Under section 25B</td><td>14</td><td>13</td></tr></table>			January 2020	June 2021	Number of adult acute <u>medical</u> inpatient wards Under section 25B	14	15	Number of adult acute <u>surgical</u> inpatient wards Under section 25B	14	13
		January 2020	June 2021								
	Number of adult acute <u>medical</u> inpatient wards Under section 25B	14	15								
	Number of adult acute <u>surgical</u> inpatient wards Under section 25B	14	13								
The situation this year has continued to be extremely dynamic and constantly changing. The establishments relating to section 25B wards are outlined below, and attached in the All Wales appendix which provides an overview of the key changes in relation to section 25B wards from 1 <sup>st</sup> October 2020 to 30 <sup>th</sup> September 2021, including planned roster and required establishments for each ward and evidences the rationale, purpose and outcome of recalculations undertaken both within and outside the bi-annual calculation cycle.											



### Neath Port Talbot and Singleton Service Group

Swansea Bay UHB			October 2020		May 2021		June 2021 Additional Calculation		October 2021	
Unit	Ward	Med/Surg	RN	HCSW	RN	HCSW	RN	HCSW	RN	HCSW
NPT	Ward B	Surgical	11.90	10.90	11.90	10.90	N/A	N/A	15.06	7.78
Singleton	Ward 1	Surgical	11.61	5.58	11.61	5.58	N/A	N/A	11.61	11.03
Singleton	Ward 2	Surgical	17.01	13.40	19.90	13.40	N/A	N/A	19.90	13.40
Singleton	Ward 3	Medical	22.32	26.77	22.32	26.77	22.32	26.77	21.61	26.06
Singleton	Ward 4	Medical	19.71	26.77	19.71	26.77	19.71	26.77	19.00	26.06
Singleton	Ward 6	Medical	22.32	19.54	22.32	19.54	22.32	19.54	21.61	20.61
Singleton	Ward 8	Medical	22.32	16.94	22.32	16.94	22.32	16.94	24.21	19.07
Singleton	Ward 9	Medical	20.54	11.61	21.61	11.61	N/A	N/A	21.61	11.61
Singleton	Ward 12	Medical	34.64	24.87	34.64	24.87	N/A	N/A	33.93	24.87
<b>Totals</b>			<b>182.37</b>	<b>156.38</b>	<b>186.33</b>	<b>156.38</b>	<b>XXX</b>	<b>XXX</b>	<b>188.54</b>	<b>160.49</b>

The annual cost of the 6 WTE additional RNs over this period is some £0.264m, the cost of the additional 4 WTE HCSWs is some £0.128m. This increase is attributed to the increased acuity of patients due to Covid-19. These have been agreed non-recurrently to meet the current service demands.

**Neath Port Talbot Hospital** continues to have one ward under section 25B of 'the Act'

- Ward B is a 12 bedded elective surgical ward, caring for patients undergoing orthopaedic, breast and spinal surgery and following discussions at scrutiny panel has been judged to meet the inclusion criteria under section 25B of the statutory guidance. Following the January bi-annual re-calculation and subsequent scrutiny panels there was no change to the nursing establishment at this time. Following the June acuity audit and bi-annual re-calculation, the scrutiny panel agreed to an increase in RN hours to allow for traditional shift pattern and a decrease in HCSW hours as a new

template was developed which incorporates Ward A. Ward A is a six bedded bay which is utilised for breast surgery patients, which opens for 48 hours per week, on Monday and Tuesday.

**Singleton Hospital** continues to have eight section 25B wards, two surgical wards and six medical wards.

- Ward 1 & Ward 2 previously had a combined establishment, which were separated during 2020. There is one band 7 ward sister/charge nurse who manages both wards and two band 6 nurses, one allocated to each ward.

Ward 1 is a 9 bedded inpatient emergency surgical ward for gynaecology, ophthalmology, and breast surgery as well as non-COVID screened elective surgical patients.

Ward 2 has 15 beds and is an elective 'clean green' ward for COVID screened patients. Covering specialities including orthopaedics, ENT, plastics, bariatric, gynaecology, spinal, breast, vascular, ophthalmology and general surgery. These wards have been monitored closely and on review using a triangulated approach have been found to meet the criteria for a Section 25B ward.

There were no changes to Ward 1 establishment following the January bi-annual calculation, however Ward 2 saw an increase in RN WTE by 2.89, due to an additional area for post-operative epidural analgesia care.

Following the June acuity audit and bi-annual re-calculation and scrutiny panel it was agreed that a temporary uplift to HCSW hours for Ward 1, of one extra HCSW on long day shift and night shift due to increased acuity of the patients, the continued use of surge beds and to allow/support the amber and green pathway.

- Following January's bi-annual re-calculation there were no changes to Ward 3's nurse staffing levels. Following June's acuity audit and the bi-annual re-calculation and looking at innovative ways to support the development of this 30 bedded acute care of the elderly ward, the ward has had agreement for a permanent Band 4 nurse across seven days on a long day shift. It is felt this post will have a role in falls prevention work as well as supporting the registrant workforce on Ward 3.

	<ul style="list-style-type: none"> <li>• Ward 4 is a 26 bedded stroke and orthopaedic rehabilitation ward, using the triangulated methodology and bi-annual re-calculations it was concluded that there would be no changes made to the nurse staffing levels this year.</li> <li>• Ward 6 did not change their nursing establishments following January's bi-annual re-calculation. Ward 6 has been in an unusual position as the patients have been split over two clinical wards/templates as essential work has been carried out to the cladding on Singleton Hospital. This has had challenges due to needing to split the nursing workforce across two areas which are geographically separate from each other. It has been recognised that due to the level of enhanced supervision and the frequency of patients with eating disorders and alcohol withdrawal, there is a need for a fourth HCSW on a late shift. Supporting this decision is the patient acuity which has remained high and is consistent across the whole week, hence an uplift of 1.78 WTE HCSW to provide the additional HCSW on a late shift on a permanent basis was agreed following June 2021 acuity audit and scrutiny panel.</li> <li>• Ward 8 did not change their nursing establishments following January's bi-annual re-calculation. Although during the June bi-annual re-calculation, using the data from the acuity audit, professional judgement, quality indicators and benchmarking with a respiratory ward in Morriston Hospital, Ward 8 received an increase of a RN on each night shift and Band 4 Assistant Practitioner as a long day shift across 7 days. This was supported on a temporary basis due to COVID-19 and will be reviewed in six months. The Band 4 post will be appointed to on a permanent basis to aid recruitment to the innovate post.</li> <li>• Ward 9 received an increase following January's bi-annual re-calculation in RN WTE of 1.07 to alter the shift pattern by moving one early shift to a long day. This allowed the ward to increase the numbers of RNs on a late shift as the patient acuity was deemed to be consistent across the whole week. Following June's bi-annual re-calculation, Ward 9's acuity was noted to have increased over the past six months, however discussing the ward using information from quality indicators, acuity and professional judgement it was currently felt that no uplift is required at this time.</li> </ul>
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- Ward 12 establishment remains unchanged throughout this reporting period, however due to recent promotions within the ward, there is a skill mix capacity challenge. Currently, 50% of registered nurses on Ward 12 are chemotherapy competent. Band 6 training post remains within this wards establishment to support the nursing staff development with chemotherapy competency high on the agenda. Ward 12 is also split over two clinical areas due to essential cladding work at Singleton Hospital, which has added to the nurse staffing challenges of this ward.

Additional calculations were undertaken in May 2021, following nursing staff consultation. The result of the nursing staff consultation demonstrated a wish by the nurses for long day shifts rather than traditional shift pattern. Therefore, the ward rosters were altered to increase number of long day shifts for both RN and HCSW workforce.

## Morrison Service Group

Swansea Bay UHB			1 <sup>st</sup> October 2020		May 2021		30 <sup>th</sup> September 2021	
Unit	Ward	Med/Surg	RN	HCSW	RN	HCSW	RN	HCSW
Morrison	Ward A	Surgical	23.62	19.90	23.62	19.90	28.07	25.35
Morrison	Ward B	Surgical	23.62	19.34	23.62	19.90	23.62	22.62
Morrison	Ward H	Surgical	26.35	19.90	26.35	19.90	26.35	19.90
Morrison	Ward T	Surgical	29.07	19.90	26.35	20.85	26.35	20.85
Morrison	Ward V	Surgical	28.00	20.73	27.62	20.73	27.62	20.73
Morrison	Ward W	Surgical	-	-	20.90	15.40	20.90	18.12
Morrison	Anglesey	Surgical	27.18	9.00	27.18	9.00	27.18	9.00
Morrison	Cyril Evans	Surgical	24.67	14.67	24.67	15.62	24.67	15.62
Morrison	Pembroke	Surgical	26.35	17.17	27.11	17.17	27.11	17.17
Morrison	Powys	Surgical	12.73	3.55	12.73	3.55	12.73	3.55
Morrison	Ward C	Medical	26.35	17.17	26.35	17.17	26.35	17.17
Morrison	Ward F	Medical	23.62	23.89	23.62	23.89	23.62	28.90
Morrison	Ward G	Medical	20.90	17.17	20.90	25.35	20.90	25.35
Morrison	Ward J	Medical	29.90	19.90	34.52	19.07	34.52	19.07
Morrison	Ward R	Medical	23.62	22.62	23.62	21.79	22.79	27.24
Morrison	Ward S	Medical	21.73	19.90	27.18	22.62	26.35	21.79
Morrison	Cardigan	Medical	22.42	19.07	20.90	19.07	20.90	19.07
Morrison	Dan Danino	Medical	17.01	11.45	17.01	11.45	17.01	12.23
Morrison	Gowers	Medical	20.90	22.62	25.52	21.79	25.52	27.24
<b>Total Morrison Service Group current 25B Wards WTE RN and HCSW</b>			<b>435.04</b>	<b>309.77</b>	<b>460.43</b>	<b>344.20</b>	<b>462.56</b>	<b>370.97</b>
Ward D and AMAU no longer fulfil the criteria for a Section 25B ward due to decreased patient length of stay								
Morrison	Ward D	Medical	20.90	25.35	-	-	-	-
Morrison	AMAU	Medical	25.99	19.07	-	-	-	-
			<b>481.93</b>	<b>354.19</b>	<b>460.43</b>	<b>344.20</b>	<b>462.56</b>	<b>370.97</b>

**The annual cost of the comparable (excluding Wards W, D and AMAU) 6 WTE additional RNs over this period is some £0.264m, the cost of the additional 43 WTE HCSWs is some £1.376m. Of this, some £0.19m for RNs and £0.28m for HCSWs relates to service redesign (Wards A and B) and the remainder of the increase relates to the increase acuity of patients due to Covid-19.**

Morrison currently has 19 Section 25B wards, 10 surgical wards and 9 medical wards. This has altered since the previous report in November 2020, which had a total of 19 wards, although the split was 9 surgical wards and 10 medical wards.

Surgical Wards

- Ward A (orthopaedic ward) following the bi-annual recalculation in January 2021 did not receive any changes to nurse staffing levels. However, following the June bi-annual re-calculation there was agreement for an uplift of 4.45 WTE RN and 5.45 WTE HCSW in order to increase long day and night shifts by 1 RN and 1 HCSW. This will be funded temporarily, until end of this financial year, when the Spinal service change business case has been developed.
- Ward B (orthopaedic ward) following the January bi-annual recalculation did not receive any changes to nurse staffing levels, however an uplift of 2.72 WTE HCSWs was agreed on a temporary basis, after June's bi-annual re-calculation for further review in 6 months. This uplift becoming permanent is dependent on the business case relating to Ward A's service change.
- Ward H is a high acuity emergency surgical ward, following the bi-annual re-calculations it was concluded that there would be no changes made to the nurse staffing levels this year.
- Ward T is a high acuity emergency surgical ward with specialising in ENT/MaxFax and airway management of the surgical patient. Following January's bi-annual re-calculation, due to a decrease in the number of airway management patients seen by the ward, the RN WTE was decreased from 29.07 to 26.35. At the same time HCSW WTE increased by 0.95 WTE enabling the ward to move one HCSW from a late shift to a night shift. There were no changes to the ward following June's acuity audit and bi-annual re-calculation.

	<ul style="list-style-type: none"> <li>• Ward V is a high acuity emergency surgical ward, which focuses on general surgery, pancreatic, upper GI and colorectal surgery. Following January's bi-annual re-calculation, Ward V had a slight alteration to their rosters, which allowed one RN early shift and one RN late shift to merge as a RN long day, this provided a decrease in RN WTE by 0.38. There were no further changes to Ward V during this reporting period.</li> <li>• Ward W has been re-purposed, following January's bi-annual re-calculation and scrutiny panel has been judged to meet the inclusion criteria for section 25B wards specified within the statutory guidance. Following this calculation, nurse staffing levels were set at RN WTE 20.90 and HCSW WTE 15.40. Re-calculation following June Acuity audit agreed an uplift of HCSW by 2.72 to 18.12 HCSW WTE to allow for an additional HCSW on the night shift, this is a temporary uplift in relation to COVID response and will be reviewed in 6 to 12 months.</li> <li>• Anglesey Ward is a Welsh regional burns and plastics surgical ward, following both bi-annual re-calculations it was concluded that there would be no changes made to the nurse staffing levels this year.</li> <li>• Cyril Evans Ward is a cardiothoracic surgical ward, at the January bi-annual re-calculation there was a slight alteration to the rosters, which allowed one HCSW on a long day move to an early shift, this provided a decrease in HCSW WTE by 0.95. There were no further changes to Cyril Evans Ward during this reporting period.</li> <li>• Pembroke Ward is the elective surgical green pathway. In the January bi-annual re-calculation, there was an increase in RN WTE (0.76) to provide an additional RN on the early shift from Monday to Friday. There were no further changes to Pembroke Ward during this reporting period.</li> <li>• Powys Ward, following both bi-annual re-calculations it was concluded that there would be no changes made to the nurse staffing levels this year.</li> </ul>
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	<p><u>Medical Wards</u></p> <ul style="list-style-type: none"> <li>• Ward C is a cardiology ward, following both bi-annual re-calculations it was concluded that there would be no changes made to the nurse staffing levels this year.</li> <li>• Ward F is an acute medical ward, specialising in stroke and neurological care, following both bi-annual re-calculations it was concluded that there would be no changes made to the registered nurse staffing levels following January's bi-annual re-calculation, however the HCSW establishment increased by 5.01 WTE to allow for an extra HCSW on early, late and night shifts across 7 days.</li> <li>• Ward G re-opened as a frail elderly ward in 2020, using the triangulated methodology it was concluded that there would be no changes made to the nurse staffing levels this year.</li> <li>• Ward J is an acute respiratory ward, the January's bi-annual re-calculation agreed that there had been an increase in patient acuity due to the increased use of continuous positive airway pressure (CPAP) and non-invasive ventilation (NIV), an uplift of RN WTE +4.62 was agreed. This increase was deemed due to COVID pressure and uplift was on a temporary basis and will be reviewed in 6 months. HCSW rosters altered at this time to merge an early and late shift to form a long day, this caused a reduction in HCSW WTE by 0.83. Following June's bi-annual re-calculation there was no change to RN WTE, however HCSW WTE was increased by 4.62 to 24.52 WTE to allow for additional HCSW on all PM and night shifts. This was agreed on a temporary basis due to COVID-19, for review in 6 months.</li> <li>• Ward R is a medical ward, which following January's bi-annual re-calculation, merged HCSW from an early and a late shift to a long day, this resulted in decrease of HCSW WTE by 0.83. Following June's bi-annual re-calculation, it was agreed to merge an early RN shift and a late RN shift to one RN long day shift and increase of 5.7 WTE HCSW to allow for one extra HCSW on both long days and night shifts, this was agreed on a temporary basis, in relation to COVID response, for review in 6 months.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Ward S is 26 bedded Gastroenterology ward that includes 5 infectious disease beds and 1 negative pressure room within its current bed capacity. Following January's bi-annual re-calculation, Ward S saw an increase in RN WTE to 27.18 (+5.45), on a temporary basis due to COVID pressures. In June's bi-annual re-calculation, one early RN and HCSW shift and one late RN and HCSW shift was merged to a RN long day shift. Plan for review of previous uplift in next 6 months depending on development of COVID 19 pandemic.</li> <li>• Cardigan Ward is an acute renal ward, following January's bi-annual re-calculation, it was agreed to decrease the late shift in line with the weekend late shifts to one RN per shift, this saw a decrease in RN WTE by 1.52. HCSW WTE have not changed during the reporting period.</li> <li>• Dan Danino Ward is a cardiology ward, there were no changes to RN WTE during the reporting period. Following January's bi-annual re-calculation, there was an agreed uplift of a HCSW on Monday and Wednesday night to be in line with rest of week as acuity was seen to be consistent across the seven nights.</li> <li>• Gowers Ward is a combined acute (regional) neurology and respiratory ward. During the reporting period the surge beds have been utilised and the nurse staffing levels altered accordingly. The WTE RN and HCSW have increased by 4.62 RN and 6.34 HCSW. The uplift in HCSW WTE is to allow for direct observation of patients within each bay of the ward template, with one of the aims being to reduce falls. This uplift is temporary and due to COVID pandemic and will be reviewed in 6 months.</li> <li>• Ward D and AMAU no longer meet the inclusion criteria for section 25B wards specified within the statutory guidance following scrutiny panel discussion.</li> </ul> <p>The changes outlined in establishments are due to increased acuity due to COVID-19 pressures, wards being re-purposed, service changes, case-mix changes, and shift changes within the rosters. See Appendix 1 All Wales templates for further information.</p>
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**Using the triangulated approach to calculate the nurse staffing level on section 25B wards**



The triangulated approach to calculate the nurse staffing levels for each ward has become embedded as a routine 6 monthly cycle that is undertaken for acute medical & surgical wards under section 25B of the Nurse Staffing Levels (Wales) Act.

**Supernumerary status:** Ward Managers, ward sisters and charge nurses in accordance with statutory guidance and reflected within establishments have the supernumerary (supervisory) status within their funded establishment.

**Evidence of 26.9% 'uplift':** All wards have the 26.9% uplift built into the funded establishment.

**Evidence of use of the triangulated approach-acuity tool (Welsh Levels of Care) quality indicators and professional judgement:**

The triangulated methodology prescribed in 'the Act' is used to calculate the Nurse Staffing Levels in each acute medical & surgical (25B) ward and is undertaken routinely on a 6 monthly cycle as outlined below;


	<ul style="list-style-type: none"> <li>• January's acuity data was not collected and visualisers were not produced due to COVID-19. The Chief Nursing Officer wrote to Health Boards on 22<sup>nd</sup> December 2020 to communicate this change in process. Scrutiny panels were undertaken in March 2021 without the visualisers.</li> <li>• An acuity audit was undertaken from 1<sup>st</sup> June until 28<sup>th</sup> June 2021, and scrutiny panels were held in September 2021</li> <li>• A review of the quality indicators was undertaken in both January and June (falls, pressure ulcers, medication errors, complaints).</li> <li>• Professional judgement was evidenced, and more heavily relied upon in March as there were no visualisers, as part of the scrutiny process and ward templates.</li> <li>• Planned roster submissions completed using the All Wales templates.</li> <li>• Whole Time Equivalent (WTE's) calculations undertaken including 26.9% headroom &amp; one WTE Ward Manager/Sister/ Charge Nurse.</li> <li>• The Scrutiny process provides assurance that the calculations are correct for deploying the right amount of staff. Ward Managers, Matrons, Senior Matrons, Heads of Nursing, Unit Nurse Directors, &amp; Service Group Finance representatives reviewed each ward template as part of the scrutiny process. Rosters were also reviewed for efficiencies.</li> <li>• As in previous years, the Interim Executive Director of Nursing &amp; Patient Experience held a series of scrutiny panels and invited the interim Executive Director of Workforce &amp; Organisational Development, the Deputy Director of Finance, Unit Nurse Directors, Heads of Nursing and Service Delivery Group Finance representatives. In line with the requirements of 'the Act', the Designated Person (Interim Director of Nursing &amp; Patient Experience) has scrutinised and signed off the establishment review calculations.</li> </ul> <p>This process provides the Board with assurance that SBUHB is meeting the requirements of 'the Act'.</p>
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<b>Finance and workforce implications</b>	<p><b>Key Changes in Whole Time Equivalent and Financial implications</b></p> <p>For Neath Port Talbot Singleton Service Group, the annual additional cost of the 6 WTE additional RNs over this period is some £0.264m, the cost of the additional 4 WTE HCSWs is some £0.128m. For Morriston Service group, the annual cost of the comparable (excluding Wards W, D and AMAU) 6 WTE additional RNs over this period is some £0.264m, the cost of the additional 43 WTE HCSWs is some £1.376m.</p> <p>The total recurrent commitment is £0.703m which includes £0.47m related to changes in Spinal services which will be subject to a business case. There is a further £1.3m potential recurrent commitment linked to COVID-19 pressures. These will be subject to further consideration and prioritisation as the service demands and patient acuity becomes clearer.</p>
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<b>Conclusion &amp; Recommendations</b>
<p>During this reporting period, staff and services have remained under significant and unprecedented pressure, as COVID-19 has evolved. The situation is ongoing and there will be pressure due to COVID-19 for many more months. The Health Board has responded at pace taking swift action to deal with the unpredictable and constantly changing situation, whilst maintaining a consistent approach to risk assess, monitor and plan the situation.</p> <p>There have been changes to the wards nurse staffing establishments, however these changes have been either related to COVID-19 pandemic or a change in ward function due to a service change, these changes are detailed within the report and in the appendix.</p> <p>Changes to the ward establishments have been calculated through a rigorous triangulated methodology as outlined within the report.</p>

Members are asked to:

- **AGREE** & note the changes to the funded establishments, to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act, 2016.
- **RECEIVE** the report as assurance that the statutory requirements relating to Section 25B wards have been completed and that SBUHB is compliant within the requirements of 'the Act'.
- **NOTE** the ongoing reasonable steps outlined in the introduction to monitor & as far as possible maintain the Nurse Staffing levels (Wales) Act, 2016 during the COVID-19 pandemic and the ongoing unprecedented pressures.

Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The Nurse Staffing levels (Wales) Act, 2016, requires Health Boards and NHS Trusts to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The required amount of nursing staff needed within our adult and paediatric acute medical and surgical wards by the use of the triangulated method, consisting of quality outcomes, patient acuity and professional judgement.		
Financial Implications		
Changes to RN and HCSW rosters has an annual recurring expenditure of some £0.7m, of which some £0.47m relates to service change. There is a potential further recurrent commitment of £1.3m related to the increased acuity of patients due to Covid-19.		
Legal Implications (including equality and diversity assessment)		
Legal requirement to fulfil the requirements of the Act.		
Staffing Implications		
Establishment budgets represent full compliance with 'the Act'.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<ul style="list-style-type: none"> <li>The Health Board risk register and the COVID-19 risk register sets out a framework for how SBUHB will make an assessment of existing and future risks, and how it will monitor, mitigate, plan to manage and prepare for those risks.</li> </ul>		
<b>Report History</b>	Nurse Staffing Act Steering Group, 8 <sup>th</sup> November 2021 Executive Board	
<b>Appendices</b>	 Appendix to November report 20	

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